

RECEIVED
CENTRAL FAX CENTER

MAY 1 3 2005

North America Intellectual Property Corporation

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail:winstonhsu@naipo.com

Customer No.: 27765

Fax To: Nadav, Ori

Art Unit: 2811

Tel: (571) 272-1660

Fax: (703) 872-9306

(571) 273-1660

From: Winston Hsu, Registration No. 41,526

Serial No.: 10/2605,521

Attorney Docket No.: VIAP0086USA

Subject: AUTHORIZATION TO ACT IN A REPRESENTATIVE

CAPACITY

Total Pages: 2 pages (including cover page)

Winston Hsu 5/13/2005

VAIP0086USA

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Yung-Chieh Yu, Jimmy Hsu, Nicole Li		
Application No. 10/605,521		
Filed: 2003/10/6		
Title: INDUCTOR FORMED BETWEEN TWO LAYOUT LAYERS		
Attorney Docket No. VIÁP0086USA	Art Unit: 2811	
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:		
Name		Registration Number
Scott Margo		56,277
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.		
SIGNATURE of Practitioner of Record		
Signature Weston La	n1	Date 05/13/2005
Winston Hsu		Registration No., if applicable 41,526
Telephone 302-729-1562		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.